

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ET		7-19-00
I.P.E. CLASSIFIER		20	8/1
FORMALITY REVIEW	Say	827	08-28-00
RESP NSE F RMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral).... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	7-19-00
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50	7-19-00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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